

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Exide Technologies**
ADDRESS **2005 Fryar Avenue**
Sumner, WA 98390

COUNTY **Pierce**
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

ST 6026
PERMIT NUMBER

(17-19)

001
DISCHARGE NUMBER

Submit Monthly

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before
completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only)	QUANTITY OR LOADING		(4 Card Only)	QUALITY OR CONCENTRATION			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53)	AVERAGE	MAXIMUM	UNITS	(38-45)	(46-53)	MAXIMUM			
Flow, Daily	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			2380	gpd				0	1BA	Meter
Flow, Monthly	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			20000	gallons				0	1BA	Meter
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					7.5		10	s.u.	0	Continuous
Copper	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.2	0.5	mg/L	0	1BA
Lead	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.2	0.7	mg/L	0	1BA
Production	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			Report	Units/month						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Submit Quarterly

NAME **Exide Technologies**
ADDRESS **2005 Fryar Avenue**
Sumner, WA 98390
COUNTY **Pierce**
FACILITY
LOCATION

(2-16)			(17-19)		
ST 6026			001		
PERMIT NUMBER			DISCHARGE NUMBER		

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.

OMB No. 2040-0004

NOTE: Read instructions before
completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	µg/L	n/a	01/90	Grab
Nickel	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	µg/L	n/a	01/90	Grab
Zinc	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	µg/L	n/a	01/90	Grab
Arsenic	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	µg/L	n/a	01/90	Grab
Mercury	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	µg/L	n/a	01/90	Grab
BOD ₅	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
TSS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
Oil & Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.